GOVERNMENTAL AGENCY (pursuant to Welf. and Inst. Code, §§ 11475.1 and 11478.2): TELEPHONE NO.:	FOR COURT USE ONLY	
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
STIPULATION AND ORDER	CASE NUMBER:	
1. THIS MATTER PROCEEDED AS FOLLOWS:		
a. By written stipulation without court appearance.		
b. By court appearance as follows:		
Date: Dept.: Judicial of	officer:	
Plaintiff/Petitioner present in court Attorney present in court (name):		
Defendant/Respondent present in court Attorney present in c		
Per Welfare & Institutions Code sections 11475.1 and 11478.2, Prosecuting A		
	nt/Respondent	
THE PARTIES AGREE THATa. All orders previously made in this action shall remain in full force and effect except a	s specifically modified below	
b. Obligor is the parent of and shall pay child support for the following children:	o opcomodny modined bolow.	
Name Date of birth	Monthly support amount	
(1) For a total of \$ payable on the day of each month beginning (date):		
()		
(2) Other (specify):(3) Any support ordered shall continue until further order of court, unless terminated by operation of law.		
c. Dbligor owes support arrears as follows, as of <i>(date)</i> :		
Child support: \$ Spousal support: \$	Family support: \$	
Interest is not included and is not waived.		
Payable \$ on the day of each n	nonth commencing (date):	
d. No provision of this order shall operate to limit any right to assess and collect interest and penalties as allowed by law. Interest		
accrues on the entire principal balance owing and not on installments as they become due. All liquidation payments shall be subject to modification. There shall be no limitation on collection of principal, interest, and penalties without further notice as		
allowed by law.	erest, and penalies without further holice as	
a. All novements shall be made to /name and address of aronayly		
e. All payments shall be made to (name and address of agency):		
f. Obligor shall provide health insurance coverage for the children as obligated by		
shall issue; and obligor shall complete a form DHS-6110 and return it to the Office of the District Attorney within 20 days. g. Obligor shall provide written notification to the superior court clerk of any change in residence and to the Office of the District Attor-		
ney of any change of residence, income, or employment within 10 days.	esidence and to the Office of the District Attor-	
h. A wage and earnings assignment shall issue.		
. 3		
(Continued on reverse)		

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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
i. The court further orders (specify):	
Date:	
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(TYPE OR PRINT NAME) Date:	(SIGNATURE OF DISTRICT ATTORNEY BY PROSECUTING ATTORNEY)
	<u> </u>
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF OBLIGEE)
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF OBLIGOR)
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR OBLIGOR)
ORDER 3. IT IS SO ORDERED. 4. This order is based on the documents attached to this order. Date:	R
5. Number of pages attached:	JUDICIAL OFFICER Signature follows last attachment.
NOTICE: Any party required to pay child support must pay interest 10 percent. This can be a large added amount.	on overdue amounts at the "legal" rate, which is currently